Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE C		OR	OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED		NUMBER EXTRA		FEE	Γ	RATE	FEE
BASIC FEE						RATE	345.00	OR		690.00
TO	TAL CLAIMS		minus 20=		* noclains			OR	X\$18=	
INDEPENDENT CLAIMS minus 3 = *				3 = *	*			OR	X78=	
MU	MULTIPLE DEPENDENT CLAIM PRESENT							OR	+260=	
* If	* If the difference in column 1 is less than zero, enter "0" in column 2							OR	TOTAL	690
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					(Column 3)				OTHER SMALL I	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	.*	Minus	**	=	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***	=	X39=		OR	X78=	
H	FIRST PRESE	NTATION OF M	ULTIPLE DEP	PENDENT CLAIM	<u> </u>	+130=		OR	+260=	
	•					TOTAL		OR	TOTAL ADDIT. FEE	
ľ		(Column 1)	* * *	(Column 2)	(Column 3)	ADDIT. FEE			ADDIT. I EE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=		OR	X78=	
F	FIRST PRESE	NTATION OF M	IULTIPLE DEF	PENDENT CLAIM	<u></u>	+130=		OR	+260=	
						TOTAL ADDIT. FEE		1	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)					· <u>.</u>
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	=	X39=	-	OR	X78=	
	FIRST PRES	ENTATION OF N	NULTIPLE DE	PENDENT CLAIN	1			1		
	If the entry in colu	ımn 1 is less than	the entry in colu	ımn 2 write "0" in c	olumn 3.	+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										
1	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									

This Form is for INTERNAL PT USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	9/519129
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Total Fee Calculation

		נטנב. דַעַּפַ	Calculat	(10) a			
	Fee Cada	Taul # Claus,	Soumber Exten	X	Fe-	Fee	• Total
	Sm./Lg				Sia. Eating	Lg Earity	
Outle Filing Fee	201/101					690	. 690
Total Claims >20	203/101	-20 -		κ		<u> </u>	
Independent Claum: >1	202/102	.; •		Ċ			•
Mult, Dop Claim Present	204/104						
Surchurge	205/103					130 .	130
English Translation	110						
TOTAL FEE CALCULA	<u></u>						820
Fees due upon filing t	te application						
Total Filing Fees Due	= \$	920.	n				•
Cess Filing Fees Subm.	ined - \$						
BALANCE DUE	= 5	820	2. N				
Office of Initial Payent i	Listes Examination	·					
ORM OIPE-RAM-OI (Rev	17/97)	Figu	re 7			•	